

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
 AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

0065477

PROFIT CORPORATION ANNUAL REPORT 1998



FLORIDA DEPARTMENT OF STATE
 Sandra B. Mortham
 Secretary of State
 DIVISION OF CORPORATIONS

FILED

98 NOV -2 PM 12: 07

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA



DOCUMENT # P950000827 P950000 88221

1. Corporation Name
 NORNOB CORPORATION, INC.
 7728 Eagles Flight Lane
 Ft. Myers, FL 33912

Principal Place of Business Mailing Address
 8695 College Parkway, #110
 Fort Myers, FL 33919

DO NOT WRITE IN THIS SPACE
 3. Date Incorporated or Qualified
 11/16/1995

2. Principal Place of Business 2a. Mailing Address

21 8695 College Parkway 26
 Suite, Apt. #, etc. Suite, Apt. #, etc.
 22 #110 27
 City & State City & State
 23 Fort Myers, FL 28
 Zip Country Zip Country
 24 33919 25 Lee 29 30

4. FEI Number Applied For
 65-6623532 Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No

9. Name and Address of Current Registered Agent
 Joseph E. Roth, CPA
 8695 College Parkway, Suite 305
 Fort Myers, FL 33919

10. Name and Address of New Registered Agent

81 Name
 Ronald D. Gray
 82 Street Address (P.O. Box Number is Not Acceptable)
 8695 College Parkway, #110
 83
 84 City
 Fort Myers FL 85 Zip Code
 33919

11. Pursuant to the provisions of sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, section 607.0505, Florida Statutes.

SIGNATURE Ronald D. Gray, President [Signature] DATE 10-28-98
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> DELETE
NAME	Gray, Bonnie K.	
STREET ADDRESS	7728 Eagles Flight Lane	
CITY-ST-ZIP	Fort Myers, FL 33912	
TITLE	D	<input type="checkbox"/> DELETE
NAME	Gray, Ronald D.	
STREET ADDRESS	7728 Eagles Flight Lane	
CITY-ST-ZIP	Fort Myers, FL 33912	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

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 *****150.00 *****150.00

B 11/3 9/AR

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: [Signature] SIGNATURE REQUIRED [Signature] DATE 10-28-98

CR2E034 (5/98)



October 28, 1998

Florida Department of State
Division of Corporations
Annual Report Filings
Post Office Box 1500
Tallahassee, Florida 32302-1500

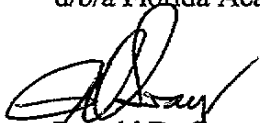
Re: NORNOB CORPORATION, INC.

Dear Sirs;

Please find enclosed our 1998 Corporation Annual Report and check # 4169 for \$150.00. To date, we have not received a mailing of our report from your offices and now are renewing at this time.

Respectfully,

NORNOB CORPORATION, INC.
d/b/a Florida Academy of Massage



Ronald D. Gray
President

Enclosure